

## AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION

I understand that all applicants for a medical license in the State of Nevada, pursuant to the Nevada Revised Statutes, Chapter 630, must submit a full set of his/her fingerprints, along with an authorization for the Nevada State Board of Medical Examiners to forward his/her fingerprints to the Central Repository for Nevada Records of Criminal History and to the Federal Bureau of Investigation for a state and federal criminal background investigation and report.

I herewith and hereby grant permission and fully authorize the Nevada State Board of Medical Examiners to submit a complete set of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for their reports.

I UNDERSTAND THAT THE COSTS OF FINGERPRINTING, THE BACKGROUND INVESTIGATION AND THE REPORT SHALL BE AT MY OWN EXPENSE.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
Signature of Applicant for Medical Licensure in Nevada

\_\_\_\_\_  
Print Name

.....

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

By signing my signature on the line above, I hereby affirm that I will submit in a timely manner, the fingerprinting cards to the Central Repository for Nevada Records of Criminal History and to the FBI for a State and Federal criminal background investigation report. I also acknowledge by my signature that my license MAY be suspended if the criminal background investigation report is not submitted to the Nevada State Board of Medical Examiners within a period of six months from the date of signature.

### RETURN THIS FORM TO:

**Nevada State Board of Medical Examiners  
1105 Terminal Way, Suite 301  
Reno, NV 89502-2144**